

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762577

FILED  
Mar 29, 2009  
Secretary of State

**Entity Name:** PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

604 SW PHILLIPS CIRCLE  
LAKE CITY, FL 32024 US

**New Principal Place of Business:**

**Current Mailing Address:**

604 SW PHILLIPS CIRCLE  
LAKE CITY, FL 320243717 US

**New Mailing Address:**

604 SW PHILLIPS CIRCLE  
LAKE CITY, FL 32024 US

**FEI Number:** 59-2175372

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BEARD, JAMES B  
604 SW PHILLIPS CIRCLE  
LAKE CITY, FL 320243717 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BEARD, JAMES B  
Address: 604 SW PHILLIPS CIRCLE  
City-St-Zip: LAKE CITY, FL 32024 US

Title: D ( ) Delete  
Name: ROBERTS, ROBERT A  
Address: 225 S STARLIT POINT  
City-St-Zip: INVERNESS, FL 344501808 US

Title: T ( ) Delete  
Name: WILLARD, MARQUIS R  
Address: 431 MAPLE TREE DR., APT. FF109  
City-St-Zip: ALTOONA, FL 327029025

Title: S ( ) Delete  
Name: MILLION, GEORGE W  
Address: 221 SE 54TH AVE  
City-St-Zip: OCALA, FL 344713466

Title: V ( ) Delete  
Name: SISTERUNK, WILLIAM  
Address: RT 3 BOX 1995  
City-St-Zip: LAKE CITY, FL 320247435

Title: D ( ) Delete  
Name: FERNANDEZ, JOHN A  
Address: 6300 HIDDEN DALE AVE  
City-St-Zip: ORLANDO, FL 328194114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SISTRUNK, WILLIAM  
Address: RT 3 BOX 1995  
City-St-Zip: LAKE CITY, FL 320247435

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B BEARD

P

03/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date